Self Service Benefits Procedures Created on Friday, October 02, 2009

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Training Guide OAB

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OAB

Self Service Benefits Procedures

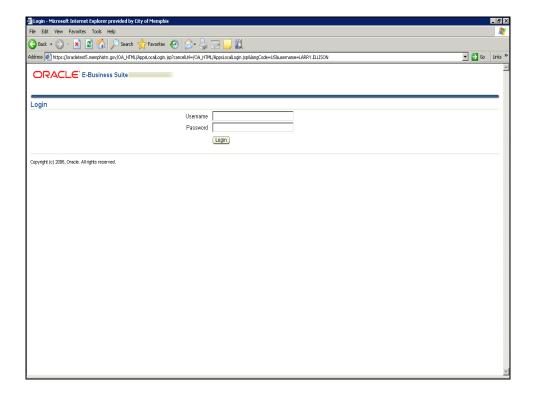
Self-Service Benefits - Open Enrollments Demo

Procedure

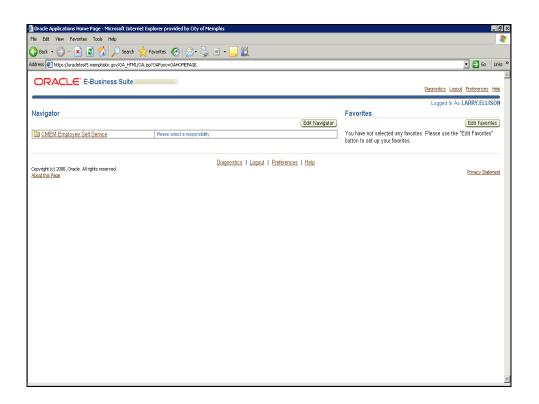
Online Open Enrollment 2010 - Self Service Benefits Demonstration

This online demonstration will help you make online enrollments during the 2010 Open Enrollment Process. This Process is scheduled for October 12th through October 23rd 2009.

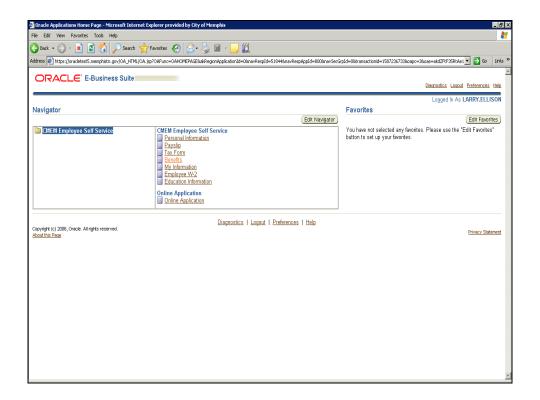
The changes made will be effective January 1st 2010.



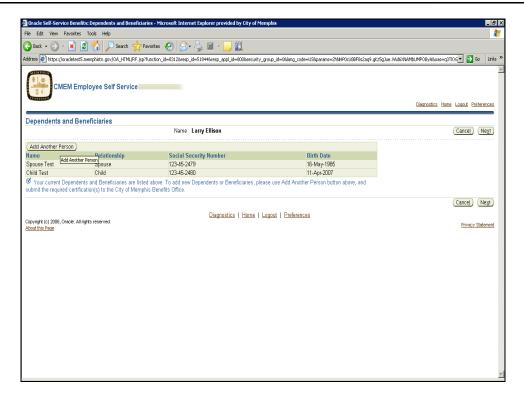
| Step | Action |
|------|---|
| 1. | Click in the Username field. |
| 2. | If you do not have an Oracle User Account, please login with a user name of 'USER' and password 'PASSWORD', Register yourself to get your own username and password, otherwise please login with your existing user name. We are using a test employee for this Demonstration. Enter the desired information into the Username field. Enter a valid value e.g. "larry.ellison". |
| 3. | Click in the Password field. |
| 4. | Once you enter your password, Click the Login button. Login |



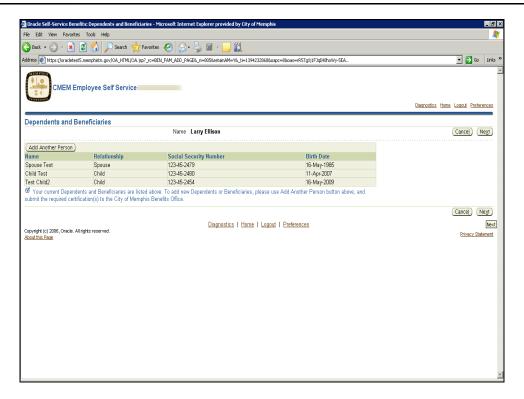
| Step | Action |
|------|--|
| 5. | Once you are on the Self Service Page, Click the CMEM Employee Self Service Link. |
| | CMEM Employee Self Service |



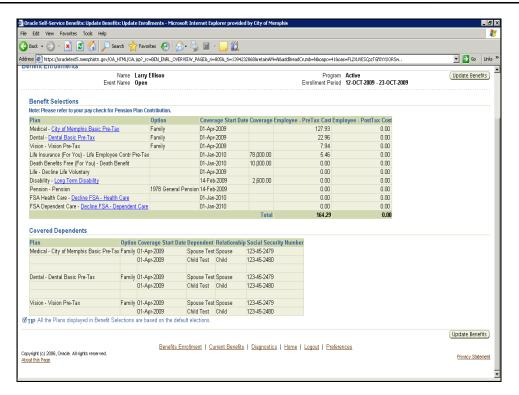
| Step | Action |
|------|---------------------------------|
| 6. | |
| | Click the Benefits link. |
| | <u>Benefits</u> |



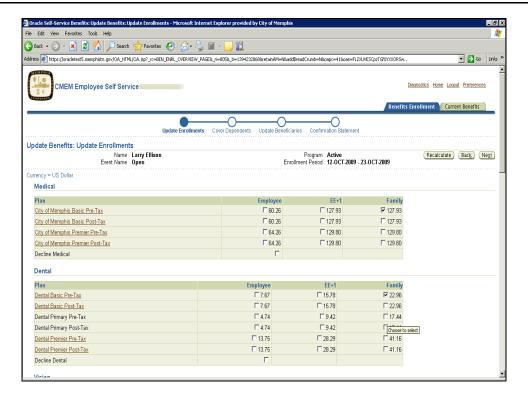
| Step | Action |
|------|--|
| 7. | On this page, your current Dependents and Beneficiaries are listed. Click on "Add Another Person" button and fill-in the required fields and then click "Apply" to add a new Dependents or Beneficiaries. If you do not want to add any new Dependents or Beneficiaries, Please click next. Click the Add Another Person button. |
| 8. | Please fill in all the required fields along with any other relevant information, and Click the Apply button. |



| Step | Action |
|------|-------------------------------|
| 9. | Click the Next Button. |

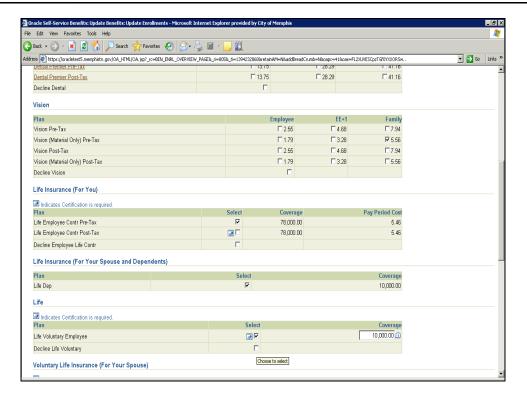


| Step | Action |
|------|--|
| 10. | This Page shows all of your current enrollments and deductions. For Pension Information please refer to your payroll stub. |
| | This screen shows decline defaults for both Flexible Spending Accounts per the FSA Policy, if you choose to enroll in either of these accounts; you will have to explicitly choose it during this open enrollment process. |
| | If you want to change any of your Benefits or enroll in new Benefits Plans, Click the Update Benefits button. [Update Benefits] |

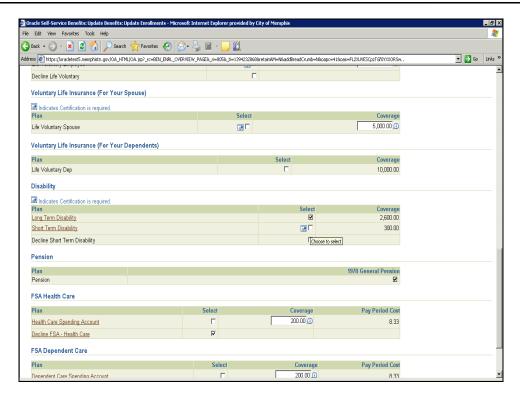


| Step | Action |
|------|--|
| 11. | This page also shows your current enrollments and deductions with default check flags. It also shows all your electable choices. |
| | If you want to either change or enroll in new plans, please click the check box corresponding to your desired plan/option. In the current page you can make changes to your Medical or Dental plans, to make changes to your Vision, Life Insurance Plans, please scroll down. |
| | As an example in this demo we will select Dental Primary Pre-Tax Family option by clicking the check corresponding to the same. |
| 12. | Please click the vertical scrollbar . |

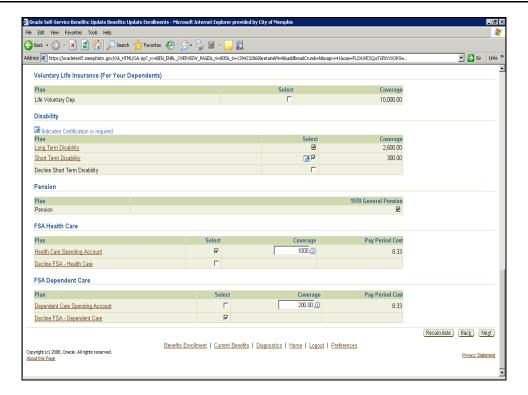
| Step | Action |
|------|---|
| 13. | If you want to either change or enroll in new Vision and Life plans, please click the check box corresponding to your desired plan/option. On the current page you can make changes to your Vision, Life Insurance (For You), Life Insurance (For Your Spouse and Dependents), and Voluntary Employee, and Voluntary Life Insurance (For Your Spouse/Dependent) plans. If you are enrolling in the Life Insurance Contribution plans for the first time or updating your amounts for e.g. Life Insurance (For You) or Life Dep (to designate spouse) or Life Voluntary Employee/Spouse/Dependent plans, you must submit Evidence of Insurability forms. Please download the required certification form from http://openenrollment.memphistn.gov web site. To make changes to your Disability and FSA Health Care, FSA Dependent Care |
| | Plans, please scroll down. In this demo scenario, we will choose Vision (Material Only) Pre-Tax Family option. |
| 14. | For this demo, we will also choose Life Dep plan, please click in the check box adjacent to the Life Dep plan. |
| 15. | To select Life Voluntary Employee plan, click on the check box adjacent to the same. |



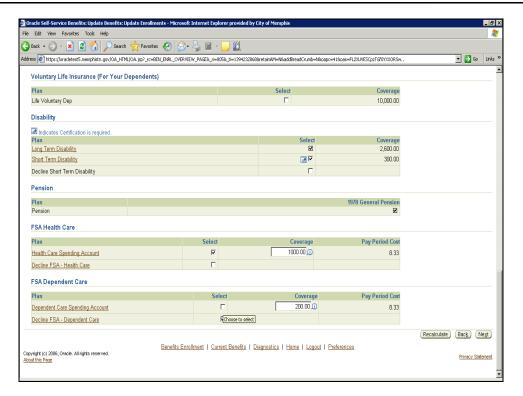
| Step | Action |
|------|--|
| 16. | If you enroll in Life Voluntary Employee, please uncheck the Decline Life Voluntary plan check box. |
| | Click the Decline Life Voluntary option. |
| 17. | To request a Voluntary Life Insurance amount of your choice, |
| | Enter the desired information into the Life Voluntary Employee field. Enter a valid value e.g. "100000.00". |
| 18. | On this page, Long Term Disability plan is for view only purposes, as this is a free benefit to all the eligible employees. |
| | If you want to enroll in the Short Term Disability, please click the check box besides the Short Term Disability plan, you need to submit the evidence of insurability certification, if you are enrolling for the first time. |
| | Click the scrollbar. |



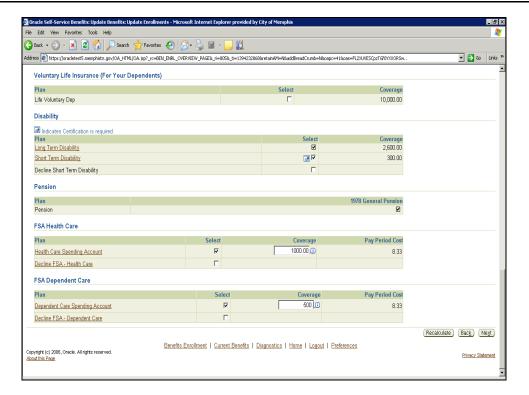
| Step | Action |
|------|---|
| 19. | For this demo purpose, to enroll this employee in Short Term Disability plan, please click the check box corresponding to the same. |
| 20. | In order to enroll in the FSA Plans, please click the vertical scrollbar. |
| 21. | In you choose to enroll in the Health Care Spending Account, please click the check box opposite the Health Care Spending Account. |



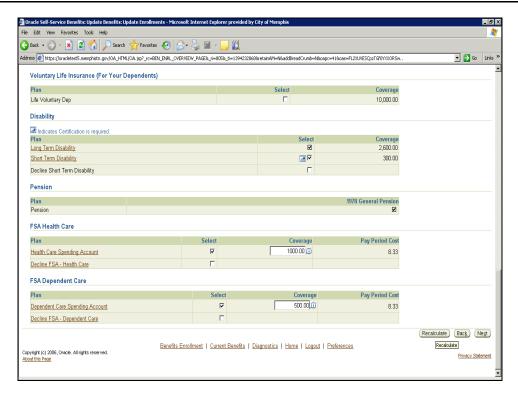
| Step | Action |
|------|--|
| 22. | Now you will select the amount of money you choose to set aside for this account, you will notice that this amount has been defaulted to \$200. If you would like to set aside more than the amount that is indicated, please enter the amount of your choice. Your maximum amount to be set aside for this plan is \$5000 in increments of \$5. Enter the desired information into the Health Care Spending Account field. |
| | Enter a valid value e.g. "1000.00". |



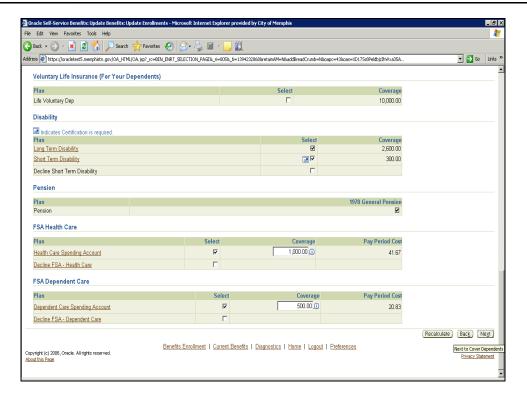
| Step | Action |
|------|--|
| 23. | If you choose to enroll in the Dependent Care Spending Account, please click the check box opposite the Dependent Care Spending Account. |



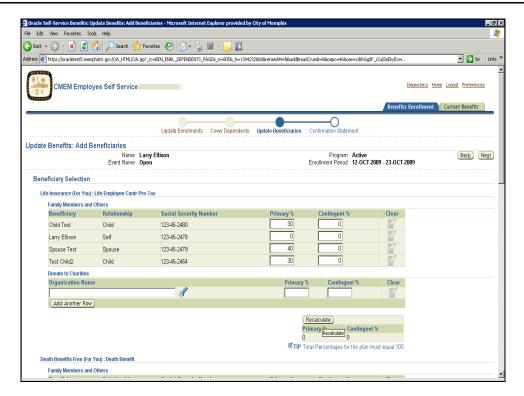
| Step | Action |
|------|---|
| 24. | Now you will select the amount of money you choose to set aside for this account, you will notice that this amount has been defaulted to \$200. If you would like to set aside more than the amount that is indicated, please enter the amount of your choice. Your maximum amount to be set aside for this plan is \$5000 in increments of \$5. |
| | Enter the desired information into the Dependent Care Spending Account field. Enter a valid value e.g. "500.00". |



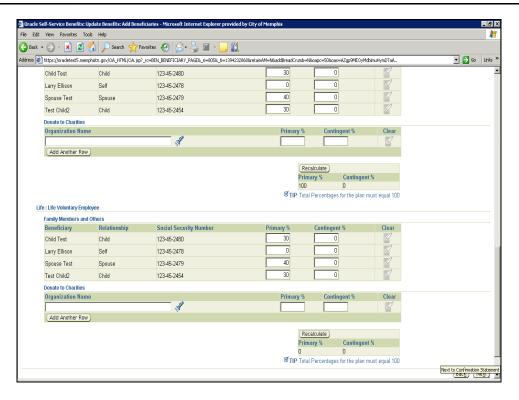
| Step | Action |
|------|---|
| 25. | Would you like to see your Flexible Spending Account deductions, if so please click the Recalculate Button at the bottom of the page. Recalculate |



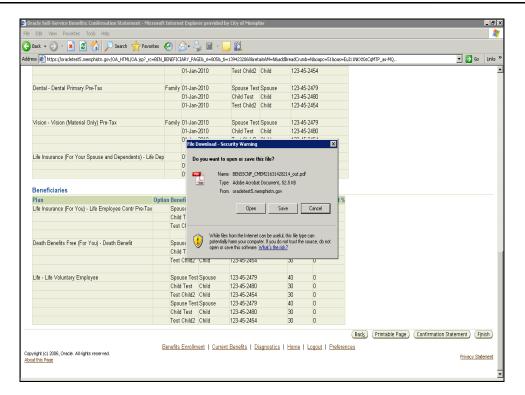
| Step | Action |
|------|--|
| 26. | If you are not satisfied with the results of your deductions, you may re-enter the coverage amounts, and then click recalculate until your are satisfied with your deductions. Once you have completed this process, you may click the Next Button. Click the Next to Cover Dependents button. |
| 27. | The current page shows your currently covered and eligible dependents. Please check the "Cover" check box or uncheck the same, to either designate or undesignate any of your dependents. In order to add any new dependents, please click on the Add Dependents Button, and follow the instructions to add new Dependent. But in order to cover the Dependent you will have to submit the required certification to the Benefit's Office. Click Next once you are done with your dependent designation changes, if any. Click the Next to Update Beneficiaries button. |



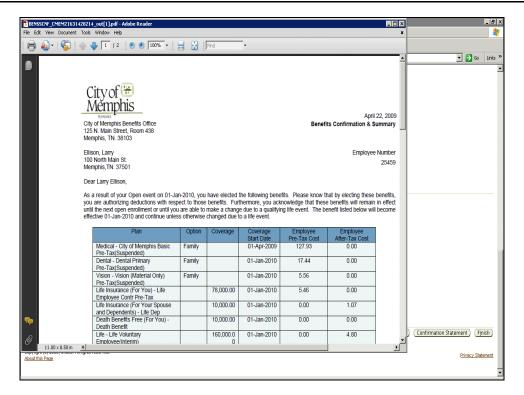
| Step | Action |
|------|---|
| 28. | The current page shows your current Beneficiaries for the respective Life Insurance Plans. You can change the Beneficiary Percentages for your Primary and Contingent Beneficiaries. In order to add any new Beneficiaries, please click on the Add Beneficiaries Button, and follow the instructions to add the new Beneficiary. If you want to donate to your favourate organization, click on the organization button. Click Next once you are done with your Beneficiary designation changes, if any. Click the vertical scrollbar to see beneficiaries from other life plans. |
| | |



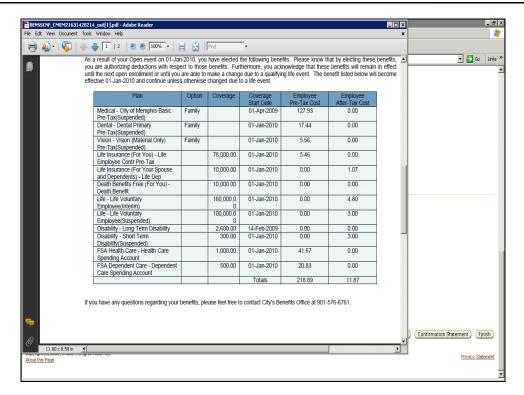
| Step | Action |
|------|--|
| 29. | Click the Next to Confirmation Statement button. |
| 30. | Please be aware of the warning section, which indicates those items that must be completed, you will either have to go back to the sections that are indicated or to present documents to the City of Memphis Benefits Office . Click the scrollbar. |
| 31. | Click the scrollbar. |
| 32. | Click the Confirmation Statement button. Confirmation Statement |



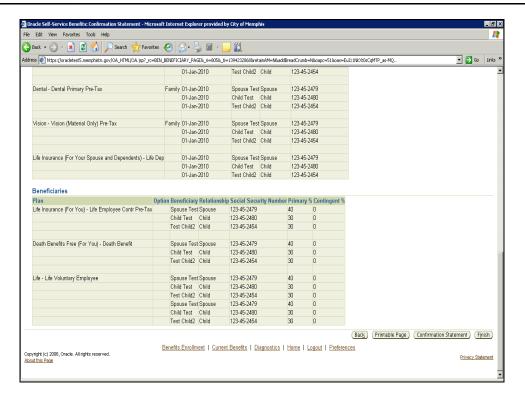
| Step | Action |
|------|--|
| 33. | Now you can either open/save to see your Confirmation Statement. |
| | Click the Open button. |



| Step | Action |
|------|--|
| 34. | Click the Vertical Scrollbar on the Confirmation Statement. |
| | |



| Step | Action |
|------|--|
| 35. | Click the Close button on the Confirmation Statement PDF document. |



| Step | Action |
|------|--|
| 36. | Once you have saved your confirmation Statement, Click the Finish Button to go to the Overview Page, and then click the Logout Button at the top of the Page, to exit Self Service Benefits. Click the Back to Overview button. |
| 27 | |
| 37. | Click the Logout link. |
| 38. | End of Procedure. |